



## **Out-of-State / Private College or University**

**PACT Account Number:**

**Purchaser Name:**

**Beneficiary Name:**

**Name of College or University:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

\_\_\_\_\_  
**Purchaser Signature**

\_\_\_\_\_  
**Date**

**Please Note:**

- Benefits paid to private or out-of-state schools are equal to the weighted average of tuition and qualified fees at the four-year public Alabama schools.
- A \$25 processing fee is deducted from this amount each term.
- **Please mail or fax this form at least 60 days prior to enrollment** in an out-of-state or private school to the following address:

**PACT Program  
P.O. Box 12865  
Birmingham, AL 35202-2865**

**FAX: 1-800-830-7390**